

## PART P - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

AUG 11 2004

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7590 05/11/2004

Ivor R. Elrifi  
 Mintz Levin  
 One Financial Center  
 Boston, MA 02111

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/490,700	01/24/2000	Bernard Conrad	61130/JPW/KRD	7519

TITLE OF INVENTION: METHODS FOR DIAGNOSIS AND THERAPY OF AUTOIMMUNE DISEASE, SUCH AS INSULIN DEPENDENT DIABETES MELLITUS, INVOLVING RETROVIRAL SUPERANTIGENS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	08/11/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
YU, MISOOK	1642		435-320100		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NOVIMMUNE S.A.

Geneve, Switzerland

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 10 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0311 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

*Jennifer A. Karnakis*  
(Authorized Signature)

(Date) 8/11/04

Jennifer A. Karnakis, Reg. No. 53,097

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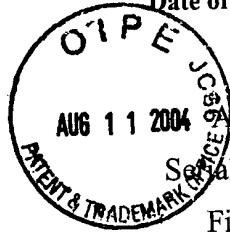
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (or by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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02 FC:8001665.00 OP  
30.00 OP

TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Conrad, et al.  
Serial Number : 09/490,700  
Filing Date : January 24, 2000  
For : Methods for Diagnosis and Therapy of Autoimmune Disease, Such as  
Insulin Dependent Diabetes Mellitus, Involving Retroviral Superantigens

August 11, 2004  
Boston, Massachusetts

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Transmitted herewith for filing in the above-referenced patent application are the following documents:

Issue Fee Transmittal (1 pg.);

Check No. 19134 in the amount of \$695.00 (\$665.00 Issue Fee and \$30.00 advance copies of printed patent);

Return Postcard.

Although Applicant believes that no additional fees are due, the Commissioner is hereby authorized to charge any fees that may be due to Deposit Account No. 50-0311 (Ref. No. 23135-201. If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned collect at (617) 542-6000, Boston, Massachusetts.

Respectfully submitted,

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